

Better Lighting for Staff and Patients in Treatment Rooms

Patients are unable to control overhead lighting, which can lead to discomfort and stress, and contribute to feelings of loss of control and helplessness. Similarly, staff are often unable to stabilize position and adjust intensity of lighting while performing procedures. This results in loss of time and frustration.

Observation in treatment rooms:

- Many of the rooms have a remote control to adjust the bed and TV, yet it is not connected to lighting system. Therefore, patients have no way to control the overhead lights. The light in the room is harsh, intense, always switched on.
- Nurse practitioner complained about lighting equipment: lamp used to perform procedure often “drifts” (equipment doesn’t stay in place) after she has set it and had sterilized her hands.
- Other nurse complaints: lamp function is static: one intensity, one fixed area of localization.
- Nurse expressed desire for greater control over the manual control of equipment as well as for larger lamps in general. They could use more light.

General lighting observations:

- Overwhelming intensity of light over workstation in acute care area. Nurse complained of intensity, heat generated, and eye strain. (However, she noted that the lights had just been changed, and weren’t previously this harsh.)
- Inconsistencies in hallway light color (irregular pattern of warm and cool toned lights). Hospital only employed overhead lighting—no sconces, lamps.
- Group members all felt a tangible “claustrophobia” attributed, in part, to the unnatural lighting (within the individual room and whole unit).
- No natural sunlight anywhere in facility except at ER entrance, not even in nurse break room. Lighting conditions stay the same 24/7, no variation. Staff can go entire day without seeing sunlight, which can affect circadian rhythms.

Positive Distraction for Patients and Family in Waiting Room

- Observed frustrated patient interrupting nurse (who was tending to someone else) to inquire about her wait time. No system in place to let patient or family to know their status or place in the queue.
- No reading materials available on tables or racks. A scant selection of educational medical brochures on wall.
- One TV in far corner of room. Only those sitting close by were watching.
- One non-functioning coffee maker in the corner.
- Large aquarium used as divider between waiting area and payment processing area. No one in waiting room looking at it.
- Very bored and restless group of people.
- No seating area directly outside of ED doors, several people walking out for fresh air or phone call have to stand by entrance.

- No color or decoration on walls.
- Beyond the waiting room: Nurses said that TVs in room help to occupy patients, from their perspective that is enough.

Waste Management

1. Due to low patient volume, there was not a lot of activity in the ER, so we were unable to observe how staff cleans rooms and sorts materials. Our primary source of information was an interview with the head tech, who seems to do most or all of the work.
2. Basic process: Emory Crawford Long sorts their waste into three categories: Biohazard Waste, Contaminated Specimen and non- hazardous trash. All three are stored in the same room.
3. A color-coded system is used to differentiate between the three: red bag for bio hazard; blue for regular trash; green for linens. The nurses and techs are supposed to differentiate and put the waste materials in color-coded bags accordingly. Needles are collected in a box.
4. The only thing that is recyclable is the linen. Everything else is disposed. Questions: What materials can be recycled and how can we do this safely?
5. For isolation rooms (patients with high risk diseases) all the trash, they treat it as

Other problems?